

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 11/02/2011
FORM APPROVED
OMB NO. 0938-0391

45th 12/18/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2011
NAME OF PROVIDER OR SUPPLIER HERMITAGE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1633 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch. (NFPA 101, 19-3.6.3.)</p> <p>The findings include:</p> <p>Observation during a fire drill with the Maintenance Director, on October 31, 2011 at 3:40 p.m. confirmed corridor doors to resident room 22 failed to close to a positive latch.</p>	K 018	<ol style="list-style-type: none"> 1. Environmental Supervisor replaced the striker plate on 10/31/11 to Room 22 door. It now closes to positive latch. 2. Environmental Supervisor conducted audit of all doors on 10/31/11 to ensure doors closed to positive latch. All other doors closed to positive latch. 3. Environmental Supervisor was inserviced by the Administrator on 11/8/11 regarding corridor doors closing to a positive latch. 4. Environmental Supervisor will complete an environmental audit weekly for 4 weeks and then monthly thereafter to ensure all corridor doors close to positive latch. The Environmental Supervisor will report results monthly to the Quality Assurance Performance Improvement Committee comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Resident Assessment Nurses, Social Services, Activities Director, Dietary Manager, Environmental Supervisor and Rehab Manager. 	11/15/11	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily</p>	K 038	<ol style="list-style-type: none"> 1. Environmental Supervisor replaced 2 wires on the magnetic locking hardware exiting the laundry area door on 10/31/11, to ensure it releases with fire alarm activation. 	11/15/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Keannie Barker Administrator

11/14/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 038	Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure one (1) of six (6) magnetic locking devices in the means of egress released with fire alarm activation. Findings include: Observation and interview with the Maintenance Director, on October 31, 2011 at 3:45 p.m. confirmed the magnetic locking hardware exiting the laundry area failed to release during the fire drill.	K 038	2. Environmental Supervisor ensured all doors equipped with magnetic locking hardware were released with fire alarm activation on 10/31/11. All doors did release upon activation. 3. Environmental Supervisor was inserviced on 11/8/11 by the Administrator regarding exit access arranged so that exits are readily accessible at all time according to section 7.1.19.2.1. 4. The weekly maintenance schedule has been revised to include checking all exit access doors with magnetic locking devices to ensure they release upon activation of fire alarm system. Corrective actions will be immediate and results reported by the Environmental Supervisor monthly to the Quality Assurance Performance Improvement Committee. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Resident Assessment Nurses, Social Services, Activities Director, Dietary Manager, Environmental Supervisor and Rehab Manager.		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to assure the sprinkler system was maintained. The findings include: Record review with the Maintenance Director, on October 31, 2011 at 2:30 p.m. confirmed the dry system trip test conducted on July/15/2011 exceeded the 60 second maximum, taking the water to flow to the inspectors test connection in	K 062	K062 1. Contracted Sprinkler Company conducted the dry system trip test on 10/31/11 to ensure system was functioning properly. Water flow to the inspectors test connection was within parameters.	11/15/11	

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K 062	Continued From page 2 164 seconds. (NFPA 25, Table 9-1 & 9-2.7) Observation and record review with the Maintenance Director, on October 31, 2011 at 2:30 p.m. confirmed Quick response sprinkler heads were in the same compartments as standard response sprinkler heads in resident rooms 7, 8, 11, and 25 and in main corridor outside the dining room. (NFPA 13, 5-3.1.5.2)	K 062	Premier Fire Protection inspected sprinkler heads on 11/10/11 in rooms 7,8,11, 25 and main corridor outside the dining room. Sprinkler heads ordered on 11/14/11 and will be installed upon delivery.		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: NFPA 99, 3-4.4.1.1 (b) 1. States: Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Based on record review and interview, the facility failed to assure the frequency of the monthly generator load testing was between 20 - 40 days apart. The findings include: Record review of the Emergency Generator logs with the Maintenance Director, on October 31, 2011 at 10:30 a.m. indicated the facility failed to test the Generator under load with testing intervals between not less than 20 days or exceeding 40 days. The frequency tested was	K 144	2. Premier Fire Protection inspected all facility sprinkler heads on 11/10/11 in each compartment to ensure sprinkler head were the same type. No other compartments were found to have been affected. 3. Environmental Supervisor was inserviced on 11/8/11 by the Administrator regarding required automatic sprinkler system to be continuously maintained in reliable operating condition and inspected and tested periodically. 4. The Quality Assurance Performance Improvement Committee will review the quarterly and annual Sprinkler Inspection Report to ensure sprinkler system is maintained in reliable operating condition. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Resident Assessment Nurses, Social Services, Activities Director, Dietary Manager, Environmental Supervisor and Rehab Manager. K144 1. The last generator test was completed on 10/12/11; next test is scheduled for 11/11/11.	11/15/11	

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K 144	Continued From page 3 inconsistent and in the range of 13 days to 50 days apart.	K 144	2. Environmental Supervisor will schedule generator testing at intervals between not less than 20 days or exceeding 40 days.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure extension cords and multiple outlet adapters were not used (NFPA 99, 3-3.2.1.2 (d) (2) states: There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.) The findings include: Observation and interview with the Maintenance Director, on October 31, 2011 between 11:00 a.m. and 2:00 p.m. confirmed the use of power strips with Oxygen concentrators and beds/air pumps (medical devices) plugged into them were observed in resident rooms 4, 22, and 23.	K 147	3. Environmental Supervisor was inserviced on 11/8/11 by the Administrator regarding generator tests shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. 4. The monthly maintenance schedule has been revised to ensure generator testing is completed twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. The Environmental Supervisor will report results to the Quality Assurance Performance Improvement Committee. The Quality Assurance Performance Improvement Committee will review maintenance logs monthly for 3 months and/or until 100% in compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Resident Assessment Nurses, Social Services, Activities Director, Dietary Manager, Environmental Supervisor and Rehab Manager.		
			K 147 1. Environmental Supervisor directly plugged oxygen concentrators and bed/air pumps (medical devices) in rooms 4, 22, and 23 into wall receptacle on 10/31/11.	11/15/11	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1001	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2011
NAME OF PROVIDER OR SUPPLIER HERMITAGE HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1633 HILLVIEW DRIVE ELIZABETHTON, TN 37643		
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N 002	1200-8-6 No Deficiencies During the Life Safety portion of the survey conducted on October 31, 2011, no licensure deficiencies were cited under chapter 1200-8-6, Standards for Nursing Homes.	N 002	<ol style="list-style-type: none">2. Environmental Supervisor ensured on 10/31/11 that all oxygen concentrators and bed/air pumps (medical devices) were directly plugged to the wall receptacle.3. Environmental Supervisor was inserviced on 11/8/11 regarding state and federal requirements on the use of extension cords and multiple outlet adapters.4. The weekly maintenance schedule has been revised to include all medical devices to ensure Oxygen Concentrators and bed/air pumps are directly plugged into wall receptacles. Environmental Supervisor will report results to the Quality Assurance Performance Improvement Committee. The Quality Assurance Performance Improvement Committee will review maintenance logs for 3 months and/or until 100% in compliance. The Quality Assurance Performance Improvement Committee is comprised of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, Resident Assessment Nurses, Social Services, Activities Director, Dietary Manager, Environmental Supervisor and Rehab Manager.		

Division of Health Care Facilities

Jeanne Barker, Administrator
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

11/14/11

STATE FORM

6500

RUSD21

If continuation sheet 1 of 1